## **Application Data Sheet**

## **Application Information**

Application Type:: Utility

CD\_ROM or CD-R?:: None

Number of CD disk:: 0

Number of copies of CDs:: 0

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title:: ANERGY-REGULATED MOLECULES

Attorney Docket Number:: 01997.001700.

Total Drawing Sheets:: 11

Small Entity?:: No

Secrecy Order in Parent Appl.?:: No

**Applicant Information** 

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Anjana

Family Name:: Rao

City of Residence:: Cambridge

State or Province of Residence:: MA

Country of Residence:: United States

Street of mailing address:: 19 Agassiz Street

Apartment 31

City of mailing address:: Cambridge

State or Province of mailing address:: MA

Country of mailing address:: United States

Postal or Zip Code of mailing address:: 02140

Primary Citizenship Country:: United States

Page # 1 Initial 1/25/02

**Full Capacity** Status:: .

Given Name:: Michael

Family Name:: Byrne

**Brookline** City of Residence::

State or Province of Residence:: MA

Country of Residence:: **United States** 

Street of mailing address:: 34 Hyslop Road

**Brookline** City of mailing address::

State or Province of mailing address:: MA

Country of mailing address:: **United States** 

Postal or Zip Code of mailing address:: 02445

Primary Citizenship Country:: **United States** 

**Full Capacity** Status::

Given Name:: Fernando

Family Name:: Macian

City of Residence:: Quincy

State or Province of Residence:: MA

Country of Residence:: **United States** 

40 French Street Street of mailing address::

Apartment 48

City of mailing address:: Quincy

State or Province of mailing address:: MA

Country of mailing address:: **United States** 

Postal or Zip Code of mailing address:: 02171

**Correspondence Information** 

**Correspondence Customer Number::** 5514

**Representative Information** 

Representative Customer Number:: 05514

> Page # 2 Initial 1/25/02



Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non- Provisional of	60/264,876	01/29/2001

## **Assignee Information**

Assignee name:: The Center For Blood Research, Inc.

Street of mailing address:: 800 Huntington Avenue

City of mailing Address:: **Boston** 

State or Province of mailing address:: MA

Country of mailing address: **United States** 

Postal or Zip Code of mailing address::

Assignee name::

Street of mailing address::

City of mailing Address::

State or Province of mailing address::

Country of mailing address:

Postal or Zip Code of mailing address:: 02115

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Page # 3 Initial 1/25/02